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Application Number

Filling Date of PCT/NO 2004 000018 Filing Date POWER OF ATTORNEY First Named Inventor Anne Daleger Dyril and **CORRESPONDENCE ADDRESS** METHOD FOR ENCAPSULATION. Art Unit INDICATION FORM Examiner Name Attorney Docket Number P18227USPC I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint; Practitioners associated with the Customer Number: 29078 Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: The address associated with Customer Number: OR Individual Name Address State Ζĺρ Country Telephone Email am the: Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Date Name Ruth Baumberger Schmid Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Application Number

Application Number

Application Number

Filing Date

Filing Date BOOKS Filing Date 14 July 200 **POWER OF ATTORNEY** First Named Inventor Anno Dalager Dyrli and CORRESPONDENCE ADDRESS METHOD FOR ENCAPSULATION... Art Unit INDICATION FORM Examiner Namo Attorney Docket Number P18227USPC I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: Practitioners associated with the Customer Number: Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: Firm or Individual Name Address City State Zip Country Telephone Email em the: V Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71 Stelement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature 28.06.2005 Date Name Maxim Mitrokhin Telephone Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. *Total of 6 forms are submitted. This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for robusing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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and Company	Jan K. Nielsen			Telephone	
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